

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/018019 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2	/		/			
3	2		/			
4	2		/			
5	2		/			
6	2		/			
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8	2		/			
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TOTAL IND.	2		2			
TOTAL DEP.	8	↔	78	↔		
TOTAL CLAIMS	10		80			

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
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TOTAL IND.				↔				
TOTAL DEP.				↔				
TOTAL CLAIMS				↔				

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS